

15 STEPS FOR SYSTEM IMPLEMENTATION TEAMS DEVELOPING CO-OCCURRING DISORDER COMPETENCY

These steps are based on the Twelve Step Program for Implementation of CCISC (Minkoff & Cline, 2004), and can help any implementation team organize progress in a system within existing resources..

- 1. REGULAR MEETINGS:** Commit to regular meetings, take minutes, and use the minutes to organize specific objectives for each meeting. Involve key stakeholders such as consumer and family advocates, physician leaders, etc.
- 2. CONSENSUS PLAN OF ACTION:** Develop a written document that outlines a commitment to CCISC, specific action steps to be taken by the team (as listed below), the goal of each program to be engaged in a quality improvement process to achieve cod capability, specific actions to be taken by each program, and priority activities like welcoming, access, screening.
- 3. COMMUNICATION:** Say out loud what the team is doing, circulate the consensus plan to all staff, and maintain regular communication in both directions. Keep physicians constantly informed and involved.
- 4. COMMITMENT:** Each program should make an official announcement to all staff and constituencies that co-occurring capability is a goal for the program, and co-occurring competency is a goal for all staff.
- 5. CONTINUOUS QUALITY IMPROVEMENT TEAMS.** Each program should organize a CQI team to organize how to plan its improvement activity. The team should include a mix of managers and front line clinicians, and a place for physicians to be involved.
- 6. COMPASS:** Help each program do the COMPASS, and engage as many staff as possible in the conversation. Bring programs together not so much to discuss their scores as to discuss their stories, experiences, and what they learned. Keep track of which programs did the tool, and what they learned..
- 7. CQI PLANS:** Each program should be asked to generate a measurable, achievable CQI plan based on the Compass, with four or five action items related to welcoming, access, screening and counting, integrated documentation, and improving competency for all staff
- 8. CHANGE AGENTS:** Each program should identify one or more front line staff to be “change agents” to partner with management in the process. The change agents should meet as a group with each other, share resources and training. The change agent team should meet regularly with the implementation team to create a partnership to develop new practices.
- 9. WELCOMING:** Develop, in partnership with the change agents, a “Welcoming Policy” for the system that articulates that individuals with co-occurring disorders will be proactively welcomed for care in every setting.
- 10. SCREENING AND COUNTING:** Ask each program to identify its current baseline for recognizing how many clients are co-occurring in its data, and organize a Plan-Do-Check-Act improvement process for everyone. Work with change agents to develop a definition for co-occurring that is not based on already being diagnosed.

- 11. INTEGRATED PRACTICE.** Work with change agents to draft sample progress notes, billing instructions, and/or treatment plans that illustrate how to document integrated services within a single funding stream or program. Circulate the Minkoff/Cline integrated scope of practice for singly trained clinicians as a guideline for clinicians. Begin to identify hopeful goals, multiple primary problems, and periods of strength and success in the integrated assessment process.
- 12. STAGE OF CHANGE:** Encourage programs to identify stage of change for each problem in the assessment and in the treatment plan, to help them to begin to think about how to use integrated stage matched interventions.
- 13. CURRICULA AND MANUALS:** Gather resources for change agents, program managers, and staff. Identify skill training manuals for clients that programs can incorporate into their programming.
- 14. POSITIVE REWARDS:** Identify small steps of progress for each program, and provider regular “rounds of applause” for small significant successes in changing practice.
- 15. RECOVERY SUPPORT FOR PROGRAMS:** Identify places where the implementation team, physicians, program supervisors, and change agents come together for peer support and open dialogue.